

## **ABSTRACT**

**RESEARCH PAPER:** The Role of Empowerment in Heart Failure and Its Effects on Self-Management, Functional Health and Quality of Life

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Heart Failure impacts millions of patients daily, resulting in impaired quality of life and billions of dollars spent on treatment. To decrease hospital readmissions and enhance patient quality of life a patient sense of control must be attained. Empowerment can lead to a sense of control; enabling patients to actively participate in goal setting and attainment, seek available resources for self-management, gain a perception of functional health, and achieve an acceptable level of quality of life. The purpose of this study is to evaluate the effects of a nurse-delivered empowerment intervention on the clinically and theoretically relevant outcomes in patients with Heart Failure; including purposeful goal setting, self-management through resource utilization, and perceptions of functional health and quality of life. This descriptive comparative repeated measures design study is a modified replication of a study by Shearer, Cisar, and Greenburg (2007). The framework is based on Roger's Science of Unitary Human Beings person-environment process. Roger's theory proposes that empowerment can lead to purposeful participation in change. As nurses educate and care for patients they build patient empowerment by assisting with development and achievement of outcomes consistent with the individual's values. The study will take place with patients recruited from a Heart Failure Clinic based at a 220-bed Midwestern community hospital. The anticipated sample will include 50 Heart Failure

patients with 25 receiving the proposed intervention and 25 receiving traditional Heart Failure education and follow-up. Evaluation of both groups will be performed at baseline and twelve weeks utilizing the SF-36 questionnaire to measure participants' functional health, The Self-Management of Heart Failure Scale to measure participants' abilities to maintain illness stability through symptom management and The Minnesota Living with Heart Failure questionnaire to measure quality of life. Re-admission rates will be attained from clinic records. Anticipated results in patients receiving the proposed intervention will show improved self-management, perceived improved functional health and quality of life, and decreased hospital re-admission rates.